

# COMMUNITY NURSING & CARE SERVICES

## TIMESHEET

Monday 12 / 1 / 96

45112

- White - Head Office copy
- Pink - Nurse's copy
- Yellow - Client's copy

For H.O. use only

**CLIENT** N.H.S

**Address** BURY ROAD  
GOSPORT

**HOSPITAL** GOSPORT WAR MEMORIAL

**Name** SULTAN  
(If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number HF414

Name **Code A**

**grade PAYABLE AUXILIARY**

**Please ensure:**

- 1) Separate timesheet for each client per week
- 2) the client signs below and retains yellow copy

**IF SOCIAL SERVICE DUTY**      TICK      REF

EACH LINE to end of night duty	FROM HRS 00.00	TO HOURS 00.00	Time Taken for meals	HOURS ACTUALLY WORKED						TRAVEL Daily Mileage	EXTRAS e.g. NIGHT CALLS TRAVEL ON CLIENT BUSINESS ETC.
				DAY			NIGHT				
				W/D	W/E	P/H	W/D	W/E	P/H		
MON											
TUES											
WED 9/1/96											
THURS	20.15	0745	1 1/2				10				
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 10 hours have been

satisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of the transaction.

Signature: **Code A**      Date: 10.1.97      Position: Night Sister



**We pay our members weekly.**  
Please be prompt with your settlement of the account

I.C.N.S.  
90 High Street  
Burnham  
Bucks SL1 7TD  
Tel: Burnham (01628) 665271

Please tick if you require:

Timesheets

Address labels